

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 305** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, 3 AAC 305.045 and 3 AAC 305.060.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents before any license application will be considered complete.

	Section 1 - Trans	feror Inf	ormation			
Enter information for the cur	rent licensee and licensed establishmer	nt.				
Licensee:	BREW BARONS, LLC	-	License #: 15874			
License Type:	BREWERY RETAIL LICE	wse	Statutory Reference:			
Doing Business As:	ARKOSE BROWSHY					
Premises Address:	650 E STEEL LOOP	,				
City:	PALMER	State:	ALASKA	ZIP:	99645	
Local Governing Body/Bodies:	PALMER CITY	COUNCI	└ / Mat- Su Boro	ugh		
Transfer Type: Regular transfer Transfer with securit Involuntary retranst Controlling interest Location transfer	fer transfer	ISE ONLY				
Complete Date:			action #:			
Board Meeting Date:			e Years:			
Issue Date:		Exami	ner:			



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	Section 2 – Trans	feree Inf	ormation			
Enter information for the <i>new</i>	applicant and/or location seeking to b	e licensed.			_	
Licensee:	PALMER BREWING	COMPANY	, LLC			
Doing Business As:	PALMER BROWING	COMPAN	1			
Premises Address:	650 E STEEL 20	.cP				
City:	PALMER	State:	State: ALASICA ZIP: 99645			
Community Council, (If applicable):	PAINER CITY	COUNCI	ر (n/a)			
Mailing Address:	19333 & JESSIC	ANN	5r_			
City:	PALMER	State:	ALA SK	A	ZIP:	99645
Email:	ft bell 3448 @ iclaud.com	Phone:	(907) 95	17-663	36	
Designated Licensee:	FRANK BEIL					
Contact Phone:	(967) 947-6636	Business F	Phone:	(967)	947-	- 6636
Contact Email:	ftsell 3445@iclood.	com				
Yes Seasonal License?	No If "Yes", write your si			:		
	Section 3 – Prem	ises into	rmation			
Premises to be licensed is: an existing facility	a new building	a proposed	d building			
The next two questions must	be completed by beverage dispensar	y (including to	ourism) and pacl	kage store	applicant	s only:
	e shortest pedestrian route from the he nearest school grounds? Include t					
	e shortest pedestrian route from the e nearest church building? Include the					



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Se	ection 4 – Sole Propriet	or Owner	ship Information		
If more space is needed, plea	eted by any <u>sole proprietor</u> who is appease attach a separate sheet with the cust be completed for each licensee an	required infor	mation.	o Section 5	i.
This individual is an: a	applicant affiliate				
Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			
This individual is an: a	applicant affiliate				
Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Section 5 – Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.
If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the application shall be executed by an authorized officer of the Corporation. Information must be completed below for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary*, and *managing officer*.
- If the applicant is a <u>limited liability organization</u>, whether manager managed or member managed, the following information must be completed for each *member with an ownership interest of 10% or more* and for each *manager regardless of ownership share*.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	FRANK THOMAS BO	iu, II			
Title(s):	Member	Phone:	(907)947-6636	% Owr	ned: (۵0
Address:	19333 E JESSICA	A ANN	3T		
City:	PALMER	State:	AK	ZIP:	99645
Email:	ALbert3448@ tolord.com	Phone:	(907) 947-	6636	



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Entity Official:									
Title(s):			Phone	:		% Owr	ed:		
Address:		•							
City:			State:			ZIP:			
Email:			Phone	:					
Entity Official:									_
Title(s):			Phone	:		% Owr	ed:		
Address:									
City:			State:			ZIP:			
Email:			Phone	:					
Entity Official:									
Title(s):			Phone			% Owr	ed:		
Address:									
City:			State:			ZIP:			
Email:			Phone	:					
This subsection must be comp standing with the Alaska Divis domestic corporation authori	sion of Corporations (D	OOC). The regis	stered age	ent is either an indiv	idual resi	ident of t	he sta	te or	
CBPL Entity #:	10302156	AK Formed	Date:	2/21/2025	Home	State:	A	-K	
Registered Agent:	FRANK BE	eu		Agent's Phone:	(407)	947	- 66	36	
Agent's Mailing Address:	19333 E	SESSICA	ANN	31					
City:	PACNER	State:		AX	ZIP:			9645	
Email:	ftbe1134480	@iclosd,	cam	Phone:	(907	1947	-66	36	
Residency of Agent:							Ye	s No	
Does your registered ag	gent satisfy the require	ement of AS 04	.11.430?				×]



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Section 6 – Other Licenses		
Ownership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?		区
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Ala license number(s) and license type(s):	ska, whic	ch
Section 7 – Authorization		
Communication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?		X
If "Yes", disclose the name of the individual and the reason for this authorization:		

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Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Subscribed and sworn to before me this 5 day of March

Signature of Notary Public

ANTHONY J. QUIJADA COMM. #2507965 TARY PUBLIC - CALIFORNIA MONTEREY COUNTY Commission Expires 12/26/2028

Notary Public in and for the State of California

My commission expires: 12/26/2028

Gerteisen

Subscribed and sworn to before me this 5 day of work

Signature of Notary Public

ANTHONY J. QUIJADA COMM. #2507965 ARY PUBLIC - CALIFORNIA MONTEREY COUNTY Commission Expires 12/26/2028

Notary Public in and for the State of California

My commission expires: 12/26/2028



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Section 9 - Transferee Certifications Read each line below, and then sign your initials in the box to the right of each statement: Initials I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application. I certify that all proposed licensees have been listed with the Division of Corporations. I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued. I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations. Signature of transferee Notary Public in and for the State of My commission expires: MAY 29

Subscribed and sworn to before me this 13 day of MWCH



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Form AB-02: Premises Diagram

Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
 - o The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - o Manufactured
 - o Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - o All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your proposed premises is located within a building or building complex that contains multiple businesses
 and/or tenants, please provide an additional page that clearly shows the location of your proposed premises
 within the building or building complex, along with the addresses and/or suite numbers of the other
 businesses and/or tenants within the building or building complex.
- Any license applications that include outdoor space are required to submit a security plan that includes
 information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not
 introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during
 the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	PALMER BRUTING COMPANY, UC	License	Number:	153	574
License Type:	BROWERY FETALL LICENSE				
Doing Business As:	PAINER BREWING COMPANY				
Premises Address:	650 E STUEL LOOP				
City:	PALMER	State:	AK	ZIP:	99645

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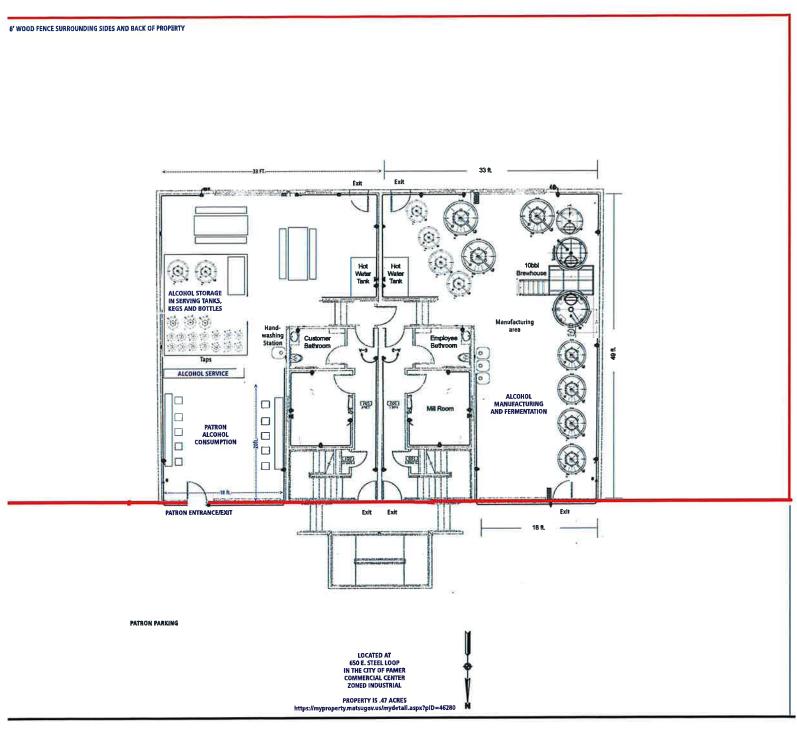
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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

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STREET: E. STEEL LOOP

Palmer Brewing Company Outdoor/Indoor Service Security Plan

- 1. There will be supervision on the premises adequate to reasonably ensure that a person under the age 21 will not obtain alcoholic beverages.
- 2. All new patrons are carded upon ordering alcohol.
- 3. All staff are trained in the identification of fake IDs.
- 4. All staff will prevent access to alcohol by minors.
- 5. Fencing around the outdoor area is currently a wooden fence with a height of 72 inches attached to cement footers that outline the outdoor servicing area. There is an additional 36 inch high wooden barrier attached to cement footers that outlines the smaller patio service area currently planned as the outdoor serving area itself as well.
- 6. Underaged persons will be monitored closely in any and all situations by our professionally trained alcohol servers.
- 7. Proper egress from the outdoor service area will always remain unobstructed.
- 8. ABC mandated posters as required by law are posted inside Palmer Brewing Company AND at the entrances of the outdoor seating area.
- 9. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA. There is signage indicating this in the indoor area as well.
- 10. Keeping outdoor seating area viable without any increased risk of minors being exposed to alcohol WILL continue to be a part of our training for our staff.
- 11. All safety related operations for our current alcohol service will also be enforced in the outdoor service area.
- 12. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
- 13. All servers will closely monitor that only the guests that have presented appropriate proof of age will have alcoholic beverages.
- 14. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
- 15. Servers (TAPS card holding hosts) will be tracking beverages in the outdoor area to monitor consumption and will regularly observe the outdoor area.